



PATENT
450100-03144

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Yoshiyuki TAKAKU et al.

Serial No. : 09/824,269

For : **INFORMATION PROCESSING DEVICE, CONTROL
DEVICE, INFORMATION PROCESSING SYSTEM, AND
METHODS THEREOF**

Filed : April 2, 2001

Examiner : A. Casiano

Art Unit : 2182

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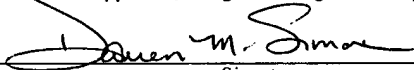
Technology Center 2100

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I hereby certify that this correspondence is being deposited with
The United States Postal Service as first class mail in an envelope
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Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative



Signature

December 17, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued September 26, 2003, please
consider the following amendment to the above-referenced application.

2182



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Applicant(s) : Yoshiyuki TAKAKU et al.
Serial No. : 09/824,269
For : INFORMATION PROCESSING DEVICE, CONTROL DEVICE, INFORMATION
PROCESSING SYSTEM, AND METHODS THEREOF
Filed : April 2, 2001
Examiner : CASIANO, Angel L.
Group Art Unit : 2182

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

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Technology Center 2100

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	16	Minus	20 =	0 ×	\$18(9)	= \$0
Independent claims	6	Minus	6 =	0 ×	\$86(43)	= \$0
			Total additional fee for This amendment			\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.
☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
☐ A check in the amount of \$.00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
☐ Charge \$__ to Deposit Account No. 50-0320.
☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

Darren M. Simon
Signature

December 17, 2003

Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

Darren M. Simon

By: Darren M. Simon
Reg. No. 47,946
Tel. (212) 588-0800